

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 099 39529	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15	1						
16		1					
17							
18							
19							
20							
21							
22							
23							
24	1						
25		1					
26							
27							
28							
29							
30							
31	1						
32	1						
33		1					
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43							
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45							
46							
47							
48							
49							
50							
TOTAL IND.	5						
TOTAL DEP.	28	→	→	→	→	→	
TOTAL CLAIMS	33	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							